



PTO/SB/05 (04-04)

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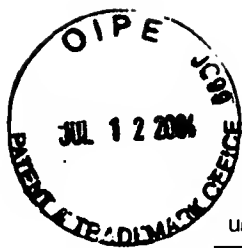
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(ONLY FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 CFR 1.53(B))</small>		Attorney Docket No. 50657-00004USPT First Inventor Robert G. Schaub Title HEMOPHILIA TREATMENT BY INHALATION OF COAGULATION FACTORS Express Mail Label No.										
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
<p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input type="checkbox"/> Specification [Total Pages _____] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets _____]</p> <p>5. Oath or Declaration [Total Sheets _____]<ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>i. <input type="checkbox"/> DELETION OF INVENTOR(S) SIGNED STATEMENT ATTACHED DELETING INVENTOR(S) NAMED IN THE PRIOR APPLICATION, SEE 37 CFR 1.63(D)(2) AND 1.33(B).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <small>(Appendix)</small></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee) Attorney</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Cert. of Mailing, return postcard</p>										
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____</p> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>												
19. CORRESPONDENCE ADDRESS												
<p><input checked="" type="checkbox"/> Customer Number: 24238 OR <input type="checkbox"/> Correspondence address below</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td></tr><tr><td colspan="2">Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td>Country</td><td>Zip Code</td></tr><tr><td>Telephone</td><td>Fax</td></tr></table>			Name		Address		City	State	Country	Zip Code	Telephone	Fax
Name												
Address												
City	State											
Country	Zip Code											
Telephone	Fax											
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Name (Print/Type)</td><td>Tamsen Valoir, Ph.D.</td></tr><tr><td>Signature</td><td></td></tr></table>		Name (Print/Type)	Tamsen Valoir, Ph.D.	Signature		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Registration No. (Attorney/Agent)</td><td>41,417</td></tr><tr><td>Date</td><td>July 9, 2004</td></tr></table>	Registration No. (Attorney/Agent)	41,417	Date	July 9, 2004		
Name (Print/Type)	Tamsen Valoir, Ph.D.											
Signature												
Registration No. (Attorney/Agent)	41,417											
Date	July 9, 2004											

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Signature: (Diane Bergin)



PTO/SB/92 (08-03)

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Application No. (if known): 10/820,656

Attorney Docket No.: 50657-00004USPT

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Application Data Sheet; Cert. of Mailing; return postcard



IFW

Supplemental Application Data Sheet**Application Information**

Application number:: 10/820,656
Filing Date:: 04/08/04
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?: None
Sequence submission?: None
Computer Readable Form (CRF)?:: No
Title:: HEMOPHILIA TREATMENT BY
INHALATION OF COAGULATION
FACTORS

Attorney Docket Number:: 50657-00004USPT
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure:: 5
Total Drawing Sheets:: 9
Small Entity?: No
Petition included?: No
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: G.
Family Name:: Schaub
City of Residence:: Pelham

State or Province of Residence:: NH
Country of Residence:: US
Street of mailing address:: 118 Jeremy Hill Road
City of mailing address:: Pelham
State or Province of mailing address:: NH
Postal or Zip Code of mailing address:: 03076

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nicholas
Middle Name:: W.
Family Name:: Warne
City of Residence:: Andover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 27 Farrwood Drive
City of mailing address:: Andover
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01810

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrew
Middle Name:: J.
Family Name:: Dorner
City of Residence:: Lexington
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 20 Baskin Road
City of mailing address:: Lexington

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02421

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: K.
Family Name:: Gong
City of Residence:: Cupertino
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 175 Calvert Drive
Apt. A102
City of mailing address:: Cupertino
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jayne
Middle Name:: E.
Family Name:: Hastedt
City of Residence:: San Carlos
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 777 Knoll Drive
City of mailing address:: San Carlos
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Chandra
Middle Name:: A.
Family Name:: Webb
City of Residence:: Pelham
State or Province of Residence:: NH
Country of Residence:: US
Street of mailing address:: 313 Gage Hill Road
City of mailing address:: Pelham
State or Province of mailing address:: NH
Postal or Zip Code of mailing address:: 03076

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: C.
Family Name:: Keith
Name Suffix:: Jr., D.v.m., Ph.d.
City of Residence:: Andover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 28 Vine Street
City of mailing address:: Andover
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01810

Correspondence Information

Correspondence Customer Number:: 24238

Representative Information

Representative Customer Number:: 24238

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/461,460	04/09/03

Assignee Information

Assignee name:: Wyeth
Street of mailing address:: Wyeth
Five Giralda Farms
City of mailing address:: Madison
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 02420

Assignee name:: Nektar Therapeutics
Street of mailing address:: 150 Industrial Road
City of mailing address:: San Carlos
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94070